CONFIDENTIAL Application for Assignment of Counsel under County Law, Article 18B State of New York, County of Schoharie

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Docket #		
Date: Screened:		
Financial Documentation?	Yes	/ No
Preliminarily Eligible?	Yes	/ No

ANSWER ALL QUESTIONS AND PRINT NEATLY

Full Name:	Date of Birth:	Age:	
Home Address:	Zip Cod	le:	
Home Phone: (
Email:			
Are you currently a student? Yes No Name of School:			
In order to qualify for assigned counsel, at no cost to the defendant, the co	urt must be supplied with pr	oof of either:	
Income, Unemployment Benefits or Need Based Assistance. Individuals un	nder 21 must have their pare	nt / guardian	
complete the information below and provide proof of their parent / guardian'	's income <u>or</u> provide proof of	femancipation.	
Are you currently receiving need-based public assistance? ex: SNAP, WIC, SSI, N	_		
Are you currently employed? ☐ Yes ☐ No Are you currently receiving U	Inemployment Benefits?	Yes □ No	
Occupation:			
Name of Current Employer:			
Address of Current Employer:			
Employer Phone Number: ()Nur	Number of Dependents in Household:		
Net (Take Home) Pay: \$ per	☐ Month ☐ Bi-Month	ıly 🗆 Year	
Income from any other source: \$ per	☐ Month ☐ Bi-Month	ıly □ Year	
INTENTIONALLY GIVING FALSE INFORMATION ON THIS APPLICATION CONSTITUTE MISSTATEMENT REGARDING APPLICANT FINANCIAL ELLIGIBILITY WILL BE PRESENTED			
I affirm, under penalties of perjury, that the information contained herein is true and contained to the Schoharie County Assigned Counsel Program, or their agents. I understain that the information provided may be used to obtain payment of any fees ordered paid	nd that this information may be	e investigated and	
I have read and understand the above notice:	Date:		